

MAVERICK CAT COALITION DONATION FORM

Maverick Cat Coalition is a Registered Charity run entirely by volunteers dedicated to helping homeless, sick and abandoned cats in your community. Our primary concern is meeting the cost of basic veterinarian care for each cat; this includes spay/neuter, vaccination, tattoo and other treatment, if necessary.

If you would like to make a donation, please complete the following information and send to Maverick Cat Coalition at our mailing address below:

Name: _____ Phone: _____

Address: _____

Email/Other Contact Info: _____

Participate in our "SPONSOR A MAVERICK CAT" program!

Once your Maverick Cat is treated and returned, you will receive a picture of him or her. We will also provide a brief description of your cat's circumstances and how your donation has been applied.

Please name your Maverick Cat(s):

Yes, I would like to SPONSOR _____ Maverick Cat(s) with my donation of \$ _____
(\$50 per cat)

I would like to become a MEMBER \$ _____
(\$15 one-year membership)

Also, I would like to DONATE \$ _____

TOTAL CHEQUE \$ _____

(Payable to "Maverick Cat Coalition")

Share your stories and experiences of cats you have known. We'd love to hear from you!

Here's what your donation provides:

- \$25 Will provide a one month's supply of cat food.
- \$50 Will sponsor one Maverick Cat (see above).
- \$100 Will cover expenses for fostering kittens.
- \$250 Will provide basic medical treatment for a small colony.
- \$500 Will cover medical costs for sick and injured cats.

Thank you for your donation!

*" . . . to know even one life has
breathed easier because you have
lived, this is to have succeeded."*

- Ralph Waldo Emerson

Message

Do you wish to receive a charitable tax receipt for your donation? Yes No
Do you wish to be included on our mailing list? Yes No

Maverick Cat Coalition
Box 72051, Old Orchard P.O.
Burnaby, B.C., Canada
V5H 4P9





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Burnaby, BC V5H 4P9

VOLUNTEER APPLICATION

Date:

Name:		Address:	
Home Number:		Work Number:	
Where is it best to reach you:		Home	Work Both
Email/Other Contact Info:			
Hours/Days Available/Preferences:			
What is your birthday: (Month/day only)			
This is for Student Service		This is for Court-Ordered Service	
PLEASE CIRCLE AREAS OF INTEREST			
TRAP/NEUTER/RETURN PROGRAM			
Trap Cats	Feed Cats	Distribute and Store Traps/Carriers	
Transport	Coordinate Your Area	Distribute and Store Cat Food	
Photograph	Solicit Food Donations	Construct and Build	
FOSTER CARE/ADOPTIONS			
(This program will be reactivated when sufficient resources are available.)			
Coordinate this program		Foster adult cats while in recovery	
Foster moms with kittens until weaned		Adopt out cats and/or kittens	
ADMINISTRATION			
Coordinate Volunteers	Respond to Enquiries	Data Administration	Committee Member
Recognize Volunteers	Produce Newsletter	Create posters, etc.	Board Member
Provide orientation	Administer Website	Produce publications	
FUNDRAISING			
Coordinate Events	Provide Craft Products	Plan Shelter	Sell Products
Write Grant Proposals	Staff Events		
PUBLIC RELATIONS			
Staff Info Booth	Educate the Public	Speak to the Media	Scan Newspapers
Why would you like to volunteer for us? What do you hope to gain from the experience?			
Previous experience in animal rescue/relevant experience or affiliations with other animal groups?			

I certify that the information provided in this volunteer application are true and correct.

Signature

Date

This information will remain confidential and is used ONLY for Maverick Cat Coalition business